

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Pattie Waller
Date: 05/16/2007
Time: 10:30 – 11:30 a.m.
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

x Rick Kretschmer	Others:
Sarah Harris	Tim Sullivan
x Cheryl McQueen	x Jamie Herubin
x Paul Carr	Sandy Flores
Gary Imes	x Mike Frost
Joyce Sims	x Myran Harris
x Rick DeBell	Chris Ferrell
x Carlisa Stallings	x Deborah LeBlanc
x Thelma Hayter	x Travis Nobles
x Eric Johnson	

Attendees:

x Alamance-Caswell	x Onslow-Carteret
x Albemarle	x OPC
x Catawba	x Pathways
x Centerpoint	x Pitt
x Crossroads	x Roanoke-Chowan
x Cumberland	x Rockingham
x Durham	x Sand hills Center
x Eastpointe	x SE Center
x Edgecombe-Nash	SE Regional
Five – County MHA	x Smoky Mountain
x Foothills	Tideland
x Guilford	x Wake
x Johnston	x Western Highlands
x Mecklenburg	x Wilson-Greene
x Neuse	
x New River	

Attendees:

Item No. Topics

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – May 17, 24, 31
4. Agenda items
 - **Community Support Retro Rate Update**
 - **Crisis Services Adjustments**
 - **Updates to Array of Services**
 - **NPI Enrollment and BETA Testing Statistics**
 - Beta Test (NPI) Requirements Review
 - 100 records/LME/submission; Format test; full cycle run, 835
 - Testing to commence March (BOM)
 - **Update scheduled termination: TBD**
 - IPRS Questions or Concerns
 - MMIS Updates – Tim Sullivan & Chris Ferrell
6. DMH and/or EDS concluding remarks
 - a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
 - i. Physician phone analyst (i.e. Independent Mental Health Providers)-4706
 - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707
7. Roll Call Updates

Next Meeting: May 23, 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355
, M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.ganda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	<u>Upcoming Check-writes (cut-off dates) – May 17, 24, 31</u>
4.	<p><u>Agenda items</u></p> <ul style="list-style-type: none"> Community Support Retro-Rates – Mike (EDS) <p>The Community Support retro-rate adjustment is a two step process. First step occurred on the weekend prior to this meeting. You should see pending adjustments on your RA. They have an ICN region of 94 with a Julian date 2007126. These adjustments should finalize in the upcoming cycle and you will see them on next week’s RA.</p> <p>Q: Gina (Catawba) – Can you repeat the information about what the ICN and Julian dates will look like?</p> <p>A: Mike – Sure, the ICN will have a region of 94 (the first 2 digits) then after that a Julian date 2007126.</p> <p>Q: Gina (Catawba) – Is this just for the IPRS state funding, not the Medicaid?</p> <p>A: Mike – Correct, this is just the IPRS side. EDS is still awaiting direction from DMA regarding Medicaid adjustments.</p> Public Psychiatry Fund - Rick DeBell <p>Rick - update on the Public Psychiatry Fund from the finance officers meeting (FARO). It was decided we would make reallocations using actual data up to this last checkwrite that was just completed (5/15/07). Email Rick at rick.debell@ncmail.net and let him know how much you think you will earn from now through the last checkwrite. Then we'll add those figures to it. If you've earned all your funds and can use additional funds send him that figure also. All of this information will be used to do the reallocations. Need information by Thursday afternoon (5/17/07).</p> <p>Q: Terry (Eastpointe) – What was it you said you couldn't get in after the last of May?</p> <p>A: Rick – We can't really do any budget transfers after the last of May. This allows time for them to approve it and ask any questions they want to on their own schedule.</p> Crisis Services Adjustments – Thelma (DMH) <p>EDS ran figures for DMH so they could determine if adjustments should be done. Out of the five million plus dollar amounts only two and a half million were going to pay. The others were going to deny for various reasons. DMH decided the adjustments were not going to be processed. Funds were spent on crisis services even if it wasn't out of the crisis budget. Funds are being shifted around to cover denial areas.</p>

- **90862 Issue – Thelma (DMH)**

Many LMEs wrote into the IPRS Q&A about 90862 issue. DMH received notice from DMA that they are changing the rate back up to \$55.58 for non-facility and \$52.33 for the facility rate. It is going back up to what it was before March 1st. They started paying in the April 7th checkwrite with the lower rate. DMH has EDS pulling the claims that paid with the lower rate. Adjustments will be done as a void and replacement.

Note: Only 5 more checkwrites this fiscal year including this Friday (5/18/07).

Q: What code was that?

A: Thelma – 90862 Medication Check-Individual

Q: Kelly (Durham) – Was there talk about any other of the doc rates that decreased?

A: Thelma – Yes, those will be adjusted. Awaiting the official memo from DMA. When the memo is received a retro-rate will be submitted and adjustments will be generated just like Community Support, as a two step process. Hopefully these can be done before the end of the fiscal year.

Q: Are you saying that all the doc rates for individual therapy and what not, all those decreases were incorrect as well and they are going to revert back to the rate it was before March 1st?

A: We don't know. We know those changed but we don't know if DMA is changing those rates or not. The only one that EDS received a notice on was 90862. DMH is anticipating a rate change.

Q: Will they change back to what they used to be?

A: We don't know.

Q: Cathy (Rockingham) – The rate \$55.58. What was that for? What facility?

A: For Medicaid rates there is a facility and a non-facility rate. Not completely sure of the rates. We think the non-facility rate is \$55.48 and the facility rate is \$52.82.

Q: Gina (Catawba) – Are you saying it will go back to the rate it used to be?

A: Yes.

Q: Lynn (Rockingham) – The void and replacement that will take place, is that for IPRS dollars Medicaid dollars or both?

A: Only IPRS. Not sure what Medicaid is going to do. We need to get IPRS adjustments completed by end of fiscal year.

Q: Carol (Alamance) – Clay wants to know if Alamance-Caswell is facility or non-facility for that doc rate?

A: It's not based on the LME it's based on the place of service submitted on the claim.

A: A field on the claim that indicates the place where the service occurred. Like a hospital or office.

Q: (Edgecombe/Nash) – This rate is going to go up to \$55.58 for IPRS and Medicaid?

A: Yes.

- **Updates to Array of Services – Cheryl (DMH)**

In response to some questions received in Q&A we have made a couple of updates to the Array of Services. The 96110 and 96111 which is Developmental Testing (Limited) and

(Extended) have been added to the CMSED and CMMED pop groups. There were a couple of services removed from the adult crisis pop group. These were removed only because the services were strictly by definition for children and had inadvertently been added to the adult pop groups for crisis. Those updates are on the IPRS website.

• **NPI Enrollment and BETA Testing Statistics – Paul Carr (EDS)**

Highlights:

There was some activity last week regarding both Beta testing and NPI enrollment.

- 1) Beta testing – Onslow-Carteret submitted a file for format and content testing.
- 2) NPI Enrollment –
 - a) Billing Provider Changes
 - One additional billing provider added for SE Center that happened to have an NPI with it.
 - b) Attending Provider Changes
 - 57 additional attending providers added last week
 - NPI enrollment there were an additional 93 attending providers added NPIs last week
 - Total number attending providers that do not have an NPI and the Atypical indicator is no or blank went down slightly by 46
 - Attending providers that do not have an NPI and the Atypical indicator is no or blank that are IPRS only went down only by 5
 - Shared providers went down by 41

Cheryl - Remind providers to continue to Beta test. We have not yet received a new implementation date. As soon as we do we will let you know.

• **IPRS Questions or Concerns**

Q: Pam (Sandhills) – On post payment reviews that are being done for the providers and they are going to report to DMA if they have to suspend payment, how will this affect IPRS? How will they suspend those providers?

A: Cheryl – In Medicaid they will get an action reason code. Probably just suspend the attending number for the community support. That will show on a report (IPVR0221). You could then assign that same action reason code that would suspend the payments for the IPRS side.

Q: We assume if they were suspended for Medicaid we would do it for IPRS? Sounds like you are saying we have an option.

A: Cheryl – I personally don't think you have an option. You guys are in charge of your own business. I believe the direction that is being taken is if they are suspended on the Medicaid side they should be suspended for IPRS.

Q: We would have to monitor that report and if one of our providers popped up we would take action?

A: Yes.

Q: It would not be automatic for IPRS to suspend. Would the LME have to insert those action reason codes?

A: Correct.

Note: Rick indicates there are 5 or 6 who because of their reviews were to be paid at reduced rates of either 95 or 75% of their full rate. These will show on report IPVR2414.

Q: Edgecombe/Nash – Do we know what the last date is that we are going to submit

	<p>billing before we start getting the timely filing errors? A: Cheryl – As of right now it is the last checkwrite in October. No known plans for a change.</p> <p>Q: Pam (Sandhills) – Do we know anything on the H codes? A: Thelma – Being discussed by upper management. Hopefully they will publish a joint memo.</p> <p>Q: Agnes (Cumberland) – Follow-up to my question last week regarding Developmental Therapies being paid out of different target pops. Examples sent this morning. A: Cheryl - Have not seen the examples yet. Look at IPDR3831 report to see the specific fund a claim was paid out of.</p> <p>Q: Jeanna (Catawba) – Thelma, did you have any luck tracking down the location of that memo to area directors (regarding developmental therapies)? A: No, I'll try again.</p> <p>Q: Tommy (Sandhills) – For providers billing, the rule used to be have all your April services or before in by the last checkwrite in of June. Are they still going to let us bill from July to the October cutoff? A: Cheryl – Anything for the fiscal year we are currently in you will be able to bill any of those services regardless of date of service by the last checkwrite in October. A: Thelma – Encourage you to use this year's funds if you can.</p> <ul style="list-style-type: none"> • Medicaid Questions: Q: Terry (Eastpointe) – Is there any resolution yet on the 1649 denials? A: Deborah – All the claims that processed, processed correctly for the policy in place at the time. There is a memo from DMA to perhaps make some possible changes. Q: We have a lot of denials and need to know if we show resubmit. A: We will let you know when we get that memo from DMA. <p>DMH and/or EDS Concluding Remarks: For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</p> <ul style="list-style-type: none"> ○ Physician phone analyst (i.e. Independent Mental Health Providers)-4706 ○ Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707 <p>Roll Call Updates</p>
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